

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>	10/573090
	<b>Filing Date</b>	03-15-2006
	<b>First Named Inventor</b>	Laurent F. A HENNEQUIN
	<b>Title</b>	QUINAZOLINE DERIVATIVES AS TYROSINE KINASE
	<b>Art Unit</b>	1624
	<b>Examiner Name</b>	Tamthom Ngo Truong
	<b>Attorney Docket Number</b>	101211-1P US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

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<input type="checkbox"/> Firm or Individual Name	AstraZeneca Pharmaceuticals LP				
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Telephone	1 781 839 4002	Email	patents@astrazeneca.com		

I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on January 12, 2010.

**SIGNATURE of Applicant or Assignee of Record**

Signature	/Carol A. Loeschorn/	Date	January 12, 2010
Name	Carol A. Loeschorn	Telephone	1 781 839 4155
Title and Company	Director of Patents, Boston		

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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